

Parent Survey—Preschool Special Education

Please FILL IN circles like this ●, not ✗ or ⊖. You can use a pen or pencil.

Please think about your child whose initials are at the end of the code number located at the top right corner of this survey. Consider this child in answering the questions.

This is a survey for parents of children receiving preschool special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your child's experience with preschool special education over the past year. You may skip any item that you feel does not apply to you or your child.[NCSEAM]

(For each question, please FILL IN ONE circle)

Preschool Special Education Partnership Efforts and Quality of Services

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am considered an equal partner in planning my child's preschool special education.	①	②	③	④	⑤	⑥
2. I am part of the Individualized Educational Program (IEP) decision-making process.	①	②	③	④	⑤	⑥
3. IEP meetings are scheduled at a time and place that are convenient for me.	①	②	③	④	⑤	⑥
4. My recommendations are included on the IEP.	①	②	③	④	⑤	⑥
5. My child's IEP covers all the things it should.	①	②	③	④	⑤	⑥
6. My child's IEP tells how my child's progress will be measured.	①	②	③	④	⑤	⑥
7. My child's IEP goals are written in a way that I can work on them at home during daily routines.	①	②	③	④	⑤	⑥
8. My child receives his/her preschool special education services with children without disabilities to the maximum extent possible.	①	②	③	④	⑤	⑥
9. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP.	①	②	③	④	⑤	⑥
10. I was offered special assistance (e.g., child care or transportation) so that I could participate in the IEP meeting(s).	①	②	③	④	⑤	⑥
11. My child's evaluation report was written using words I understand.	①	②	③	④	⑤	⑥
12. The preschool special education program involves parents in evaluations of whether preschool special education is effective.	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

**Preschool Special Education Partnership
Efforts and Quality of Services**

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
13. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	①	②	③	④	⑤	⑥
14. My child transitioned from early intervention (birth to 3 program) to preschool special education without a break in services.	①	②	③	④	⑤	⑥
15. My child received all the supports for transition listed in our IEP/IFSP.	①	②	③	④	⑤	⑥

**People from preschool special education,
including teachers and other service providers:**

16. — helped my child have a smooth transition to preschool special education.	①	②	③	④	⑤	⑥
17. — are knowledgeable.	①	②	③	④	⑤	⑥
18. — are willing to learn about the needs of my child.	①	②	③	④	⑤	⑥
19. — expect positive outcomes for my child.	①	②	③	④	⑤	⑥
20. — seek out family input.	①	②	③	④	⑤	⑥
21. — seek out information regarding my child's disability.	①	②	③	④	⑤	⑥
22. — provide me with clear written information about my child.	①	②	③	④	⑤	⑥
23. — provide me with information in my native language or in another language I understand.	①	②	③	④	⑤	⑥
24. — provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	①	②	③	④	⑤	⑥
25. — are available to speak with me.	①	②	③	④	⑤	⑥
26. — have a person on staff that is available to answer parents' questions.	①	②	③	④	⑤	⑥
27. — treat me as an equal team member.	①	②	③	④	⑤	⑥
28. — encourage me to participate in the decision-making process.	①	②	③	④	⑤	⑥
29. — respect my culture.	①	②	③	④	⑤	⑥
30. — value my ideas.	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

**People from preschool special education,
including teachers and other service providers:**

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
31. – ensure that I fully understand my rights related to preschool special education.	(1)	(2)	(3)	(4)	(5)	(6)
32. – communicate regularly with me regarding my child's progress on IEP goals.	(1)	(2)	(3)	(4)	(5)	(6)
33. – give me options about my child's services and supports.	(1)	(2)	(3)	(4)	(5)	(6)
34. – provide services to my child in a timely way.	(1)	(2)	(3)	(4)	(5)	(6)
35. – provide my child with all the services listed on my child's IEP.	(1)	(2)	(3)	(4)	(5)	(6)
36. – consult with me to set appropriate learning goals for my child.	(1)	(2)	(3)	(4)	(5)	(6)
37. – give me strategies to deal with my child's behavior.	(1)	(2)	(3)	(4)	(5)	(6)
38. – give me enough information to know if my child is making progress.	(1)	(2)	(3)	(4)	(5)	(6)
39. – give me enough information about the approaches they use to help my child learn.	(1)	(2)	(3)	(4)	(5)	(6)
40. – give me information about the research that supports the approaches they use to help my child learn.	(1)	(2)	(3)	(4)	(5)	(6)
41. – give me information about organizations that offer support for parents (for example, Michigan Alliance for Families, Parent Training and Information Centers, Family Resource Centers, disability groups).	(1)	(2)	(3)	(4)	(5)	(6)
42. – offer children without disabilities and their families the opportunity to learn about children with disabilities.	(1)	(2)	(3)	(4)	(5)	(6)
43. – work together with my child's preschool program (e.g., preschool, child care or Head Start) to carry out my child's IEP plan.	(1)	(2)	(3)	(4)	(5)	(6)
44. – offer parents training about preschool special education.	(1)	(2)	(3)	(4)	(5)	(6)
45. – offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail).	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

**People from preschool special education,
including teachers and other service providers:****Very
Strongly
Disagree****Strongly
Disagree****Disagree****Agree****Strongly
Agree****Very
Strongly
Agree**

46. — explain what options parents have if they disagree with a decision made by the preschool special education program.

①

②

③

④

⑤

⑥

47. — invite parents to help train staff.

①

②

③

④

⑤

⑥

48. — give parents the help they may need, such as transportation, to play an active role in their child's learning and development.

①

②

③

④

⑤

⑥

49. — offer supports for parents to participate in training workshops.

①

②

③

④

⑤

⑥

50. — connect families with one another for mutual support.

①

②

③

④

⑤

⑥

Now, we would like to ask you some final questions about your family.51. Please identify your relationship to the child *(Please FILL IN ONE circle that best applies):*

Ⓐ Mother

Ⓒ Grandparent

Ⓔ Other Caregiver: _____

Ⓑ Father

Ⓓ Other Relative

52. Please select the ethnic identity category that best describes how you identify yourself:

(Please FILL IN ONE circle that best applies)

Ⓐ Anglo / Non-Hispanic White

Ⓒ Arab / Arab-American

Ⓔ Hispanic / Latino

Ⓑ African American / Black

Ⓓ Asian / Pacific Islander

Ⓕ Native American / American Indian

Ⓖ Other: _____

53. What was your family's total income for 2006? *(Please FILL IN ONE circle that best applies)*

Ⓐ Under \$10,000

Ⓒ \$15,000 to \$24,999

Ⓔ \$35,000 to \$49,999

Ⓖ \$75,000 and over

Ⓑ \$10,000 to \$14,999

Ⓓ \$25,000 to \$34,999

Ⓕ \$50,000 to \$74,999

Ⓗ No answer

54. What was your child's age when first referred to early intervention or special education?

Ⓐ Under 1 year OR Ⓐ Age in years: _____**THANK YOU for taking time to fill out the Parent Survey – Preschool Special Education.**

📬 Please return it to us in the self-addressed envelope or to:

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